2616

	O A		A-ulication (Sorial Number	10//	004.562		
OCT 18 2006 B			Application Serial Number			10/004,563		
			Filing Date First Named Inventor			December 5, 2001		
3	\				Hluchyj			
4	RAMSMITTA	Group Art Unit			2616			
FORM			Examiner Name			Soon D. Hyn		
FORM			Attorney Docket No.			SNS-008 C1		
			Patent No.			Not yet assigned		
			Issue Date			Not yet assigned		
	<u>.</u>			check all that apply)				
⊠ Fee	Transmittal Form			to File Missing ation (PTO-1553)		Request for Certificate of Correction		
	☐ Check Attached ☐ Copy of Fee Transmittal Form	_	Formal Drawing			Certificate of Correction (in duplicate)		
\boxtimes			Request For Continued Examination (RCE)			Notice of Appeal to Board of Patent Appeals and Interferences		
	☐ Preliminary ☐ After Final	Transmittal		· = ····/		Appeal Brief (in triplicate)		
	Affidavits/declaration(s) Letter to Official		Power of Attorney (Revocation of Prior Powers)			Status Inquiry		
	Draftsperson including Drawings [Total Sheets 6]			ŕ	\boxtimes	Return Receipt Postcard		
			Terminal Disclaimer			Certificate of Facsimile Transmission under 37 C.F.R. 1.8		
	Petition for Extension of Time		Executed Declaration and Power of Attorney for Utility or Design Patent Application			Additional Enclosure(s) (please identify below)		
	Information Disclosure Statement	Small Entity		atement				
	Form PTO-1449 Copies of IDS Citations		CD(s) for large table or computer program					
	Certified Copy of Priority Document(s)		Amendment After Allowance					
	Sequence Listing submission Paper Copy/CD Computer Readable Copy Statement verifying identity of above		CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8 I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 13th day of October, 2006. Susan Fusegni					
CORRES	SPONDENCE ADDRESS			SIGNATURE BLO	CK			
Direct all correspondence to: Patent Administrator Proskauer Rose LLP One International Place 22 nd Floor Boston, MA 02110-26 Tel. No.: (617) 526-989 Fax No.: (617) 526-989			00 00	Date: October 13, 2006 Reg. No.: 42,898 Tel. No.: (617) 526-9899 Tax No.: (617) 526-9899 Respectfully submitted, David G. Miranda Attorney for the Applicant(s) Proskauer Rose LLP One International Place 22 nd Floor Boston, MA 02110-2600				

FY 2006

	Complete if Known		
Application Serial Number	10/004,563		
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Examiner Name	Soon D. Hyn		
Attorney Docket No.	SNS-008 C1		

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METHOD OF PAYMENT						FEE CALCULATION (continued)			
Payment B	inclosed:				4. ADDITIONAL FEES				
☐ Check ☐ Money Order ☐ Other					Large	Small			
			zed to credit or ch	f	Entity	Entity (C)	Fee Description	Fee Paid	
					Fee(\$)	Fee (\$)	ree Description	ree Paid	
indicated below for this submission to Deposit Account No. 50-3081 Required Fees (copy of this sheet enclosed).					130	65	Surcharge - late filing fee or oath		
Additional fee required under 37 CFR 1.16 and 1.17.					50	25	Surcharge - late provisional filing fee or cover sheet		
⊠	Overpayment	Credit.			130	130	Non-English specification		
			atus.		2,520	2,520	Request for ex parte re-examination		
Applicant claims small entity status. FEE CALCULATION					120	60	Extension for reply within 1st mo.		
1. BASIC FILIN	G, SEARCH	AND EX	KAMINATION	FEES	450	225	Extension for reply within 2 nd mo.		
Application Type	Filing	Search	Examination	Fee Paid	1,020	510	Extension for reply within 3 rd mo.	1,020	
Utility	300	500	200		1.590	795	Extension for reply within 4th mo.		
Design	200	100	130		2,160	1,080	Extension for reply within 5 th mo.		
Plant	200	300	160		500	250	Notice of Appeal		
Reissue	300	500	600		500	250	Filing a brief in support of an appeal		
Provisional	200	0	0		1,000	500	Request for oral hearing		
	S	mall Entity	Discount		400	0	Petitions to the Director		
		1.	TOTAL	0	180	180	Submission of IDS		
2. EXCESS CLA	IM FEES		Fee	Small Entity	790	395	Filing a submission after final		
Each claim (over 20 or, for Re	ssues, each	claim 50	Fee (\$)	1		rejection (37 CFR 1.129(a))		
over 20 and	more than in the o	original pater	nt. 50	25	790	395	For each additional invention to be		
•	ndent claim over :		' 100	100	1		examined (37 CFR 1.129(b))		
each indeper patent.	ndent claim more	than in the o	riginal 200	100	100	100	Certificate of Correction for applicant's error		
Total Claims	1	Extra Claims	•	Fee Paid (\$)	110	55	Submission of Terminal Disclaimer		
	- 20 or HP=		X \$50 =		}				
HP = highest number of	total claim paid	for, if great th			Other fe	e (Specify)	Request For Continued Examination	0	
					1				
Indep. Claims		Extra Claims		Fee Paid (\$)		(0. 10.)			
HP = highest number of	- 3 or HP=	for if great t	X \$200 =		Other tee	(Specify)	4. TOTAL:	1,020	
Multiple Dependent			Il Entity fee (\$)	Fee Paid (\$)	1	*	4. TOTAL.	1,020	
Claims	360	18			1				
					4		TOTAL AMOUNT S	SUBMITTED	
			2. TOTAL:	0			(\$) 1,020.0	00_	
3. APPLICATIO	N SIZE FEE				ļ		SIGNATURE BLOCK		
If the specification a	and drawing exc	ceed 100 sł	neets of paper, the	application	1				
size fee due is \$250	•	• ,		heets or fraction	1		Respectfully submitted,		
there of. See 35 U.S	.C. 41(a)(1)(G)	and 37 CF	FR 1.16(s).				11111		
			50 or fraction	Fee (\$) Fee Paid	Date: Octob	per 13, 2006	Han Hula		
Gileeta 3	inces t	nereof round u	ın to a	Faid	Reg. No.: 4		David G. Miranda		
-100 =	/50 =	whole r		=		517) 526-962			
3. TOTAL: 0						517) 526-989			
CORRESPONDENCE ADDRESS							One International Place		
Direct all correspondence to:							Boston, MA 02110-2600		
Patent Administrator									
Proskauer Rose LLP									
One International Place									
Boston, MA 02110									
Tel. No.: (617) 526-9600 Fax No.: (617) 526-9899									
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